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“‘Panel stacking”: John Ioannidis versus a Delphi consensus statement on COVID-19

My former science idol John Ioannidis has published a paper citing a Delphi consensus statement on COVID-19 as evidence that the scientific community is “biased” against his anti-“lockdown” pro-virus views. His descent continues apace.

David Gorski on June 24, 2024

Tweet

As I was deciding what to write this week, I couldn't help but come across references on social media to a recent paper by John Ioannidis and over 40 other coauthors that basically bemoans how "they" apparently "stacked the deck" when doing consensus statements regarding scientifically recommended approaches to the COVID-19 pandemic:

> Panel stacking is a threat to consensus statement validity
>
> Our large multinational collaboration led by @KasperKepp and John Ioannidis (Univ. Stanford) is out! Happy to contribute to this important work.
> J. Clin. Epidemiol. https://t.co/VRHrN5C2eH #coronavirus #covid #covid_19
>
> — Manuel Schabus (@ManuelSchabus) June 22, 2024

I was intrigued and had to take a look. First, however, let's look at a bit of background on how I went from an admirer of John Ioannidis to one of his harshest critics. His accusation of "stacking" consensus panels with horrible (to him) public health scientists who advocate for reducing COVID-19 transmission in addition to using vaccination to minimize disease and death is definitely of a piece with what he's published and advocated since the pandemic that ended up in my profound disillusionment with him.

From admiration to disillusionment: John Ioannidis

Longtime readers will know that, once upon a time in a different, more innocent era many years ago, I considered science meta-researcher and critic John Ioannidis to be one of my medical and scientific idols. Consistent with that, I wrote (mostly) glowingly—albeit not without a few quibbles—about some of his most famous and influential papers, my posts having titles like:

- The cranks pile on John Ioannidis' work on the reliability of science
- How popularity of a scientific topic might lead to more unreliable research
- The life cycle of translational research and how long it takes to go from idea in cell culture or a test tube to an actual treatment
- How often seemingly important findings in science don't hold up in subsequent studies
- How everything we eat does and doesn't cause cancer

Since the pandemic, however, my opinion—and that of a lot of Ioannidis' former admirers—turned, as early in the pandemic he embraced "natural herd immunity" approaches to COVID-19 that later became the basis of the Great Barrington Declaration (GBD), which called for a "let 'er rip" approach to the pandemic to achieve "natural herd immunity" in six months by letting the young and health just get COVID and using "focused protection" to keep those at high risk of death and complications from COVID safe. It's a tactic that never would have worked—and didn't work—and was profoundly eugenicist at its heart. Although he was not an author and refused to sign it not based on disagreeing with its premise but because of his opposition to "signing petitions" as a means of settling "questions of scientific fact," his call early in the pandemic for "focused protection" was all over the GBD, and he was a co-author, along with GBD co-author Jay Bhattacharya of the infamous Santa Clara seroprevalence study that misleadingly claimed that over 80 times more people had been exposed to COVID-19 than previously thought (and therefore the infection fatality rate, or IFR, was way lower than was being claimed, meaning COVID was not nearly as dangerous as claimed and therefore all those public health interventions were unnecessary). Before that, he had published what is now in hindsight a ludicrous estimate in STAT that COVID-19 would likely kill 10,000 Americans. (He was off only by a factor of 100 or so.) Then there was the time that Ioannidis made the evidence-

free accusation that ICU doctors of killing COVID patients by intubating them when they really didn't need it. And don't even get me started on Ioannidis' infamous "Kardashian index" paper, in which he smeared scientific critics and opponents of the GBD as "science Kardashians" using risibly bad methodology based on what was originally published as a satirical index to comment on scientists with more social media influence than influence in the scientific literature.

The first indication of the direction that Ioannidis could go—at least the first indication to me—was what I perceived as his relatively poorly supported argument that the NIH is so conservative that only the very "safest" projects are funded and that the "brave maverick scientists" who see "bolts out of the blue" to make great leaps in science tend not to be NIH funded. Such a view tends to be common among "brave maverick" doctors and scientists who view the slow accretion of evidence that makes up most scientific discovery as too timid and "safe." Another indication was when he bemoaned the "hijacking" of evidence-based medicine (EBM) by industry. Basically, he took a common criticism of EBM and then added methodolatry (the worship of the randomized controlled trial as the only valid means of clinical investigation) to exaggerate the problem. At the time, I didn't think much of these papers in terms of anything truly worrisome about Ioannidis' takes, as they were mostly within the mainstream, just prone to a bit of EBM methodolatry and an overestimation of the general importance of "bold" brave maverick ideas in science.

If those were the only areas where I disagreed with John Ioannidis, I'd probably still be an admirer. Unfortunately, by April 2020, Ioannidis was already relishing his status as a brave maverick with respect to COVID-19 public health interventions. Things haven't gotten any better, as he still hasn't apologized or admitted how wrong he was regarding the "science Kardashian" paper. rident attacking "lockdowns," social distancing, and even vaccines as tools to control COVID-19.

"Natural herd immunity" advocates versus the Delphi consensus statement

Let's take a look at his latest output. I can't help but preface a discussion of the "consensus panel stacking" paper with a sarcastic Twitter comment:

> Many of the names on this author list have been objectively incorrect going back to early 2020. They cannot be part of a scientific “consensus,” because their stated views were immediately debunked by mountains of dead and disabled bodies. Try to do better next time.
>
> — Pandemic 🪶 Index (@pan_accindex) June 23, 2024

Also:

> A group of authors consistently wrong on the pandemic advocate against consensus guidelines "stacked" with experts who have been consistently correct.
>
> — Mike Hoerger, PhD MSCR MBA (@michael_hoerger) June 23, 2024

And:

> The list of names is long. The respectability is short.https://t.co/ABHXgM3Qb7 pic.twitter.com/Xvf4BiuEKf
>
> — Lazarus Long (@LazarusLong13) June 22, 2024

I didn’t know who Irene Petersen is, but it didn’t take me long to find out that she was an advocate of “speeding up the pandemic” to reach “natural herd immunity. Yes, it’s

hard not to note a fair amount of projection in this paper. The authors all appear to be people who have been quite strident advocating for GBD-like approaches to the pandemic. Also, did they really need 66 authors on this thing? That rather strikes me as "stacking the deck" in much the same way that they accuse Delphi of doing.
Authors aside, let's take a look at the paper itself. Ioannidis' paper basically boils down to dissatisfaction with a Delphi consensus statement published in *Nature* in 2022 that made a large number of recommendations for the optimal approach to the pandemic. Now, don't get me wrong. I've been critical of Delphi consensus statements myself. Indeed, I once wrote a rather scathing take on just such a consensus statement written to support the quackery that is "naturopathic oncology" that really did stack the panel given that its experts were all naturopathic oncologists, leading me to refer to the whole effort as "applying the Delphi Method to nonsense." Let's just say that that is not what happened with the Delphi consensus statement being attacked by John Ioannidis and cronies, although they seemed to dislike the results of the COVID-19 Delphi consensus statement almost as much as I detested the results of the naturopathic oncology Delphi consensus statement.
As is often the case before such papers go off the rails, the introduction starts with fairly reasonable statements as background, things that no one can really find too objectionable:

> Consensus statements can be very influential in medicine and public health. Some of these statements use systematic evidence synthesis but others fail on this front. Many consensus statements use panels of experts to deduce perceived consensus through Delphi processes. We argue that stacking of panel members towards one particular position or narrative is a major threat, especially in absence of systematic evidence review. Stacking may involve financial conflicts of interest, but non-financial conflicts of strong advocacy can also cause major bias.

In fairness, I've long argued that advocacy conflicts of interest (COIs) are just as

In fairness, I've long argued that advocacy conflicts of interest (COIs) are just as important—possibly even more so—compared to financial COIs, because they can definitely produce bias. So I looked at the COI statements of all the authors, almost none of whom provided a statement of their involvement with advocacy groups. For example, Ioannidis' statement only says:

> John P.A. Ioannidis has published in the scientific literature both before (https://onlinelibrary.wiley.com/doi/10.1111/eci.13162) and during the pandemic (https://www.bmj.com/content/371/bmj.m4048) articles that are skeptical about the value of vote counting and signature collections for deciding scientific issues.

Notice the very tight definition of an advocacy COI here, in which the only thing that Ioannidis deems relevant is his having argued against the "value of vote counting and signature collections for deciding scientific issues," not all the times that he's argued for GBD-like "natural herd immunity" approaches to the pandemic and his numerous media appearances making such arguments. Similarly, some of the authors of this paper are very biased against public health approaches used to try to mitigate the pandemic; for example, Francois Balloux has over the last four years stated that PPE was prolonging the pandemic, SARS-CoV-2 was "no risk" to children, long COVID disability "doesn't matter," and the virus came from a lab. A deep dive on the other authors (Petersen, again!) would likely find similar statements very much outside the scientific consensus, but with 66 authors I think I'll move on now. I'm only surprised that Ioannidis didn't recruit Vinay Prasad for this paper.

Wait. No I won't. Ioannidis is a man who appeared in the media seemingly innumerable times in 2020 to promote the ideas that COVID-19 is not as dangerous as portrayed and that a GBD-like "natural herd immunity" approach to the pandemic, with "focused protection" of the vulnerable, was the optimal path out of the pandemic. Indeed, in retrospect, I don't think it's wrong to say that Ioannidis was the intellectual father of the GBD, given that he was criticizing "lockdowns" and voicing similar ideas to the GBD as early as March 2020 and continued to do so throughout the first year of the pandemic. (Yeah, that was the same essay when he estimated that COVID-19

might kill as many as 10,000 in the US.) It's not just that, though. Ioannidis had extensive contact with high ranking Trump administration officials, including his coronavirus czar Scott Atlas, during that horrific first summer of the pandemic to advocate against lockdowns and for a very GBD-like approach:

> John Ioannidis & his colleague Jay Bhattacharya, author of the Great Barrington Declaration, had a near daily call with Trump's coronavirus czar
>
> Yet they say they were "silenced"
>
> Perhaps if they had been allowed 2 calls per day with Team Trump, they would not be complaining! 😉 https://t.co/Q5btNWPKI2
>
> — Prof Gavin Yamey @gavinyamey.bsky.social (@GYamey) March 7, 2022

It's not just Ioannidis, though. Another author, Michael Levitt, advised PANDATA, an organization dedicated to promoting an agenda similar to the GBD, although in fairness he did say in his disclosure that he had signed the GBD. And don't get me started on Francois Balloux or Stefan Baral, neither of whom reacted well to being accurately quoted in Jonathan Howard's book We Want Them Infected. Political advocacy, almost none of it reported in this paper as a COI, is what a lot of the authors of this paper, especially John Ioannidis, have been about. Apparently, it's transparency in terms of disclosure of COIs for thee, but not for me. If that weren't the case, he would have mentioned his longstanding advocacy for approaches that conflict with "lockdowns," especially his advocacy of "natural herd immunity" approaches. Ditto most of the other authors. That's author stacking, if not consensus stacking.

But wait, a critic (of me) might say, aren't you just lobbing an ad hominem attack

But wait, a critic (of me) might say, aren't you just lobbing an ad hominem attack against the authors of the paper? Sort of, but I do it with what I view as a purpose and strong justification. The entire premise of the paper is that the Delphi consensus statement panel was "stacked" with advocates of scientific positions that Ioannidis and cronies don't like. Fair's fair in pointing out that he's basically done the same thing in his criticism, stacking his author list with people who agree with him and have long expressed criticism and opposition to conventional public health approaches to the pandemic. Indeed, in that context, his criticism that 35% of the panel members for the Delphi consensus statement might have been "zero COVID" advocates is rather ironic, given the—shall we say?—lack of diversity with regard to scientific opinions regarding COVID-19 in Ioannidis' author list.

As far as the actual paper, one main recommendation of the Delphi panel that seemed to provoke this attack disguised as an objective analysis was, as Pandemic Accountability Index sarcastically noted:

> You buried the lede. They're pissy about the Delphi paper making the "vaccines-plus" argument instead of a mass infection, "let them die" approach that these viral sycophants got. pic.twitter.com/MoJjSpTKwJ
>
> — Pandemic 🦅 Index (@pan_accindex) June 23, 2024

It's basically the same motivation that led Ioannidis to attack as "science Kardashians" the signatories of the John Snow Memorandum, which criticized the GBD and advocated for more conventional approaches to the pandemic while pointing out, based on known science, why a "natural herd immunity" approach wouldn't work and would lead to millions of potentially preventable deaths.

Of course, the conclusions of any paper like this will be very much influenced by the assumptions behind it and the methodology, which led me to look very much askance at this statement:

> We present descriptive statistics and avoid statistical testing of hypotheses given the exploratory nature of the evaluation.

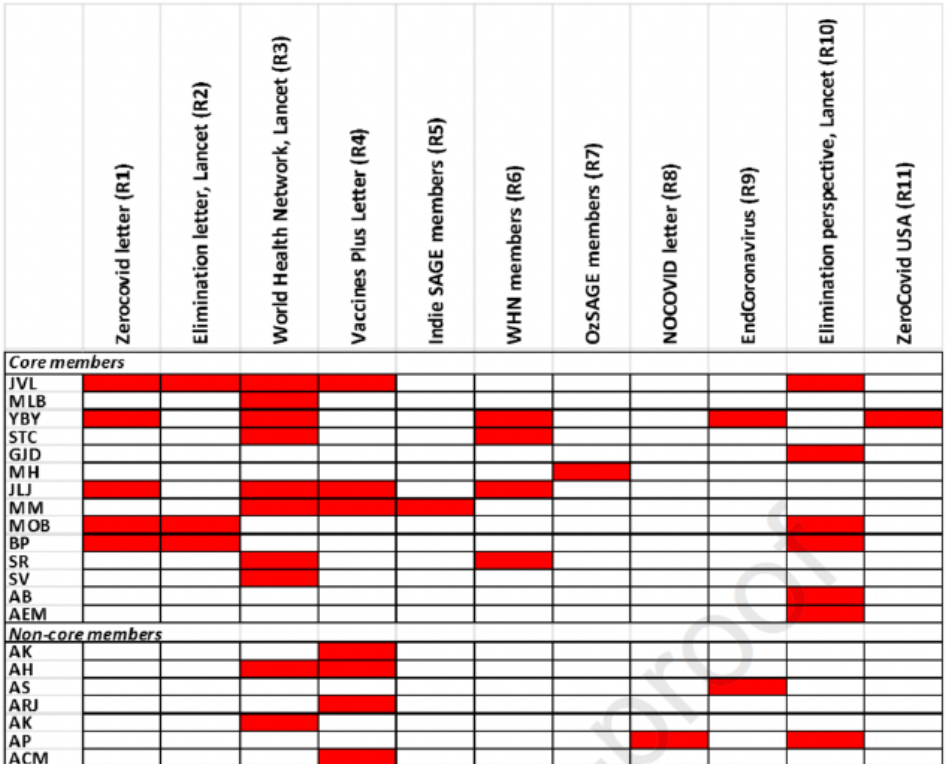
Well, then, I guess I'll treat the findings with all the seriousness that they deserve, given the lack of statistical testing. One can't help but note how these EBM fundamentalists insist on ever increasingly more rigorous randomized clinical trials to address questions for which they don't like the current answer but are happy to use "descriptive statistics" or even an intentionally satirical publication index like the Kardashian Index as though it had any real validity when they have an ideological ax to grind and want to attack their scientific opponents. This seems to be a recurring theme among people like Ioannidis: RCTs for thee but not for me, if lesser methodology lets me prove what I want to prove.

The other assumption that one has to consider is: What constitutes a "zero COVID" approach or advocacy group? Let's take a look:

> We found that panel selection favoured the inclusion of advocates of SARS-CoV-2 elimination ("Zero-COVID") perspectives. Zero-COVID was a minority position in 2021 even in the mild version of being feasible in "some" regions (e.g., New Zealand),16 but the groups identified here advocated in Europe and North America, where the policy was less feasible. Zero-COVID was widely abandoned by 202217 and eventually broadly recognised as unattainable.18
>
> At least 14 of 40 (35%) core members of the *Nature* consensus and at least another 59 panelists are explicitly named in influential and highly visible Zero-COVID advocacy/activism efforts in North America and Europe (Box 1: References R1-R11, Figure 1, Supplementary Table 1). Thus, at least 20% of named panelists (73/367; 19 panelists did not wish their names revealed) engaged in such strong advocacy/activism.

> The 367 named panelists include 9/25 (36%) signatories of a highly publicised Zero-COVID open letter,[R1] 3/8 (38%) signatories of a *Lancet* letter supporting elimination,[R2] 36/132 signatories (26%) of the World Health Network (WHN),[R3] 41/108 (38%) signatories of the Vaccines Plus advocacy letter,[R4] 7/19 (37%) full members of Independent Scientific Advisory Group for Emergencies 451 (indieSAGE), [R5] 14/47 (30%) WHN members or experts-advisors,[R6] 5/79 (6%) OzSAGE members,[R7] 3/14 (21%) NOCOVID members,[R8] 5/8 (63%) End Coronavirus advisors[R9], 9/13 (69%) authors of another elimination viewpoint[R10] and 3/17 (18%) ZeroCOVID-US members[R11]. Large overlap emerged in membership across these efforts, typical of advocacy activities.

Ioannidis even made a figure:



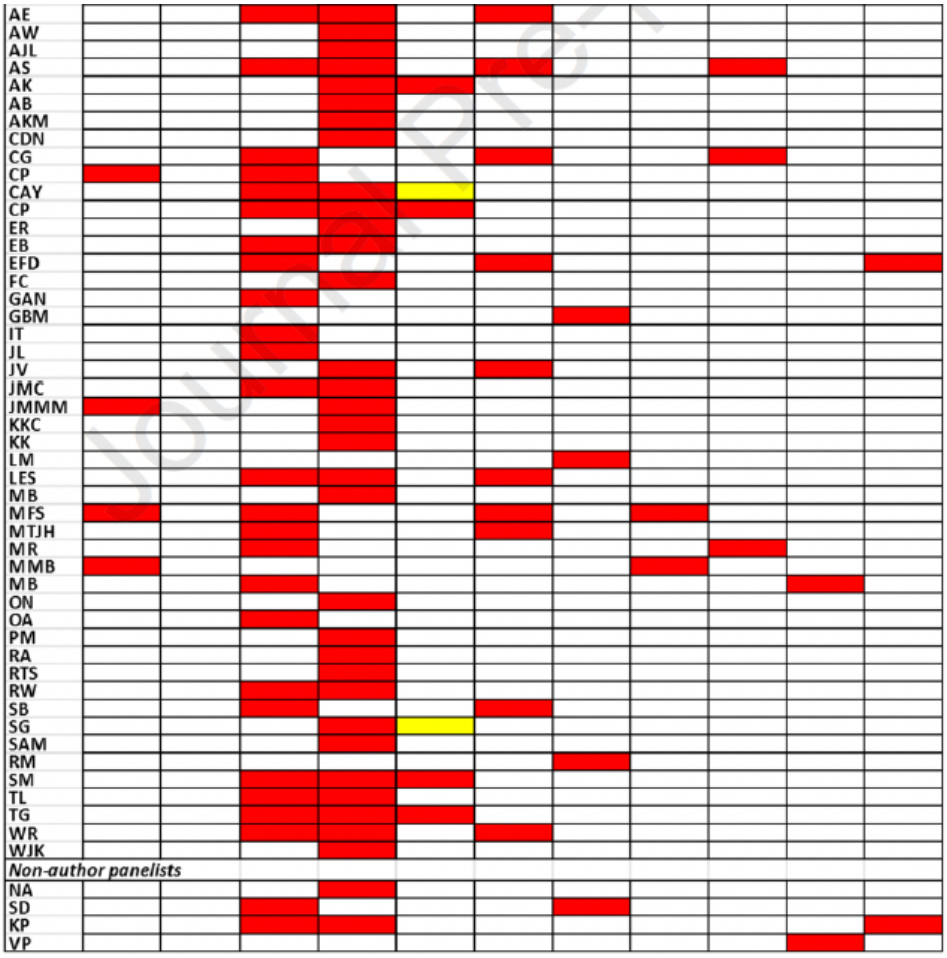


Figure 1: Named membership in advocacy efforts by panelists of Lazarus et al.[12]

Columns represent efforts/initiatives/organisations presented in the respective references. Red color means advocacy/activism not disclosed. Yellow color means advocacy/activism disclosed. For detailed methods, see Supplementary Methods, for names of panelists see Supplementary Table 1 and for information on the 11 sources see Supplementary References R1-11.

I note that, for most of the statements, the number of panel members is quite small. Two stand out, with lots of Delphi panelists having signed on, as indicated by a field of red. So I tried to look some of these references up. Unfortunately, they were listed as references in the Supplementary Methods and Data section, and I could not find a link to this section anywhere. (WTF, *Journal of Clinical Epidemiology*?) Or maybe it's my Wayne State access. Whatever the reason, no link to the Supplementary section(s) shows up. So I searched *The Lancet* for anything containing World Health Network and COVID, which yielded two references, one on mass testing (which didn't really advocate anything resembling zero COVID) and this reference, The World Health Network: a global citizens' initiative. It doesn't seem so unreasonable to me in the context of 2021, even if it ultimately turned out, thanks to efforts of activists and right wing think tanks promoting GBD-like approaches, zero COVID did become impossible

by 2022:

> Elimination means bringing cases down to sufficiently low numbers so that no community transmission occurs for extended periods of time. Outbreaks might occur but will be rapidly detected and controlled. Despite the manifest success of this approach, many governments rejected it outright, and after repeated lockdowns and substantial losses to life and economy, these governments now speak of learning to live with the virus. Many governments' responses have been shaped by false dichotomies, pitting public health against the economy and collective wellbeing against individual liberty.[1,2,3] Effective responses have been hampered by vested interests,[4] rampant and organised misinformation, short-term thinking, and resistance to important facts, including airborne transmission, the role of children and schools in transmission, and the value of facemasks and ventilation. Exceptionalism (ie, a belief that the consequence of similar policies will somehow be different in a given context), the refusal to learn from experiences of other countries, and the failure to adopt the precautionary principle (ie, taking action in the face of uncertainty to prevent harm, such as the use of masks to prevent the spread of an airborne pathogen) led to the same avoidable errors being repeated in different countries. Even the arrival of effective vaccines, which are traditionally the basis of elimination, has not changed the thinking of many governments that ongoing community transmission with inevitable consequences of

> community transmission with inevitable consequences of death and disability for many people should be accepted. Additionally, the reliance on vaccination alone as the main response strategy to the pandemic without controlling transmission risks the emergence of dangerous escape variants.[5]

To. put it bluntly, Ioannidis and his coauthors don't like the idea that governments should do something to try to control the spread of COVID-19 and not try to rely on vaccination alone to control the pandemic. In particular they really, *really*, ***really*** hate the rejection of the idea that we should just let the virus spread, which was, after all, the entire idea behind the GBD. Unsurprisingly, they also don't like the accurate criticism of the way activists promoting a GBD-like agenda had promoted false dichotomies "pitting public health against the economy" and "public well being against individual liberty." That's the very core of GBD-like arguments, to prioritize "freedom" and the economy over public health, even to the point of portraying something as innocuous as mask mandates in indoor public spaces as some sort of existential threat to freedom and democracy.

As for the "vaccines-plus" letter, which I found in *The BMJ* published in January 2022, I would argue that a lot of what was in the letter sounds quite prescient now, for example:

Some countries view infection as a net harm and pursue strategies ranging from suppression to elimination.2 They seek to sustain low infection rates through a combination of vaccination, public health measures, and financial support measures (vaccines-plus). Other countries implemented mitigation strategies that aim to prevent health systems from being overwhelmed by building population immunity through a combination of infection and vaccination. These countries rely on a vaccines-only approach and seem willing to tolerate high levels of infection provided their healthcare systems can cope.

They even note:

> While vaccination greatly reduces risks of serious illness and death, long covid remains a concern.12 13 Disruption to

> death, long covid remains a concern.[12, 13] Disruption to education as a result of staff and student sickness, and/or repeated lockdowns due to failure to control the virus, are likely to have a lasting impact on the wellbeing and prospects of the next generation.[14]

That sure sounds as though they wanted to keep schools open as much as possible, in marked contrast to GBD attacks on public health claiming that they wanted to keep schools closed indefinitely, if not foreverSo they weren't cheerleaders for "lockdowns." Moreover, their suggestions were anything ***but*** radical, contrary to how Ioannidis portrays them. They included such "radical zero COVID" measures as:

1. Unequivocally declare SARS-CoV-2 an airborne pathogen and stress the implications for preventing transmission.
2. Promote the use of high-quality face masks for indoor gatherings and other high-transmission settings.
3. Advise on effective ventilation and filtration of air.
4. Set criteria for imposing or relaxing measures to reduce covid-19 spread based on levels of transmission in the community.
5. Support urgent measures to achieve global vaccine equity, including vaccine sharing, suspension of vaccine patents, removal of barriers to technology transfer, and establish regional production centres to create a plentiful local supply of high-quality vaccines everywhere.

Those horrible "zero COVID" fanatics! How dare they? How dare they even suggest that they were worthy to be part of a Delphi consensus panel on COVID-19! Ioannidis also seems to have a bug up his butt about members of IndieSAGE; so I looked up its website. They appear to be a bunch of "radicals" too (at least to Ioannidis. For example, here is their 7-point plan for COVID-19 mitigation published in *The BMJ* in 2022:

1. Clear and consistent messaging concerning covid risk and risk mitigation, reinforced by public statements by those in positions of authority;

2. Increased efforts to promote vaccine uptake, among all age groups, and with particular emphasis on groups among whom uptake has been low, in particular ethnic minority communities. This should be coupled with a clear long term plan to address waning immunity and immune escape by new variants;
3. Installing and/or upgrading ventilation/air filtration in all public buildings, with schools an urgent priority over the summer holidays;
4. Provision of free lateral flow tests to enable everyone to follow existing public health guidelines;
5. Financial and other support for all workers to self-isolate if infected;
6. Systematic promotion of the use of FFP2/FFP3 masks in indoor public spaces and public transport when infection rates are high;
7. Increased support for the equitable global provision of vaccines and anti-virals.

The horror...the horror...

Funny, but these two plans look very similar to the "vaccines-plus" strategy and not at all radical. (I note that pro-GBD groups like the Brownstone Institute and American Institute for Economic research really hate the idea of financial support to workers so that they can take time off to self-isolate if the become infected.) I'm getting the feeling that what Ioannidis and his fellow travelers object to are anything that smack

of trying to slow the spread of the virus through traditional public health interventions. Seriously, nowhere in these two statements do I see anything that doesn't follow longstanding known public health practices for an infectious viral disease that is transmitted through the air.

The real problem

Again, there's really almost nothing objectionable from a public health or medical science standpoint in the Delphi consensus statement that Ioannidis attacks or in the letters to which he tries to yoke Delphi panel members to as evidence of such extreme bias that they hopelessly tainted None of this stops Ioannidis from stating:

> "The problem with stacked consensus statements and recommendations is not only the increased risk of being wrong. Even when they are right, the recommendations are more likely to be incomplete and partial, as they may prioritise narratives that preoccupy the advocates. This diminishes or even eliminates other important perspectives. Choices of language, phrasing, statements, and recommendations become lopsided. Illustratively, in the COVID-19 consensus example dissected above, the lengthy 41 statements and 57 recommendations[12] never mention the words "randomised", "lockdown", "closures", "isolation", "loneliness", "learning loss", "poverty", "depression", "hunger", "cost-benefit", "tradeoff", "censorship" or "mandate". They mention the word "harm" once, in statement STMT3.1, which does not discuss harms to individuals, groups, or communities themselves, but highlights "risk of harm to others" to endorse government mandatory

[12]

> policies.[--] "Education" or "schools" are never mentioned and "educational" and "schooling policies" are only mentioned in recommendation REC4.6: "Prevention of SARS-CoV-2 transmission in the workplace, educational institutions and centers of commerce should remain a high priority"... "remote work/schooling policies".[12] "Mental" (health) is mentioned only for children and healthcare workers. "Evidence-based" is mentioned only twice: STMT2.1 admits lack of evidence-based standards and STMT6.8 is dismissive of the evidence-based medicine paradigm.[12]

Pot. Kettle. Black. Ioannidis just doesn't like the consensus statement, which you can read for yourself and see if you think it is as bad as he portrays. Let's look, for instance, at what STMT6.8 actually says:

> "The incorporation of research paradigms from diverse disciplines has greater potential to end COVID-19 as a public health threat than reliance on a single research paradigm (for example, evidence-based medicine).

You know what? Whatever else the consensus statement says, STMT6.8 is absolutely spot-on correct! Ioannidis is just engaging in methodolatry again, in which randomized controlled clinical trials are worshiped as the only valid method of clinical investigation and any question for which RCTs might not be the best tool (or might even be unethical) is forever dismissed as "low quality" evidence. This statement only recognizes that, for public health, RCTs are often either not feasible, not ethical, or just plain not enough.

Let's see what STMT3.1 says:

> "When the risk of harm to others is sufficiently severe, governments may determine that the right of all individuals to

> good health overrides the autonomy of any one individual to choose not to be vaccinated.

One can certainly argue over mandatory vaccination policies, but it’s rather funny to me how Ioannidis doesn’t mention the statement that immediately follows:

> “ Individual medical autonomy acknowledges that individuals who have decision-making capacity have the right to make decisions regarding vaccination, even when their decisions contradict their healthcare providers’ recommendations.

This is rather difficult to argue with, even for someone like Ioannidis. What about REC4.6? It says:

> “ Prevention of SARS-CoV-2 transmission in the workplace, educational institutions and centres of commerce should remain a high priority, reflected in public health guidance and supported through multiple social measures and structural interventions (for example, remote work/schooling policies, ventilation, air filtration, facemask wearing).

I’m going to have to say this again:

Seriously, what was wrong about arguing that prevention of SARS-CoV-2 transmission in public places should remain a high priority and should be supported? Nothing; that is, unless you, as Jonathan put it in his book, want them infected.

I can't help but note this REC4.2, which is so radical that even Ioannidis can't disagree:

> Measures that are no longer scientifically valid for COVID-19 prevention should be immediately removed from COVID-19 guidance and policy.

Those zealots! How dare they suggest...wait. Isn't this what a consensus panel should be recommending, that outmoded science be discarded in favor of new rigorous findings?

In the end, what Ioannidis objects to is that his view was not and is still not mainstream in public health sciences, hence the attempt to portray the Delphi consensus statement as being so hopelessly biased with zero COVID advocates as not to be trusted. Indeed, he's downright conspiratorial in this approach, in essence using some very dubious arguments to suggest that the consensus panels that produced pandemic recommendations that didn't jibe with GBD-like lack of interventions must have been "stacked" in order to assure predetermined recommendations that "They" wanted. In fairness, it is very true that it is possible to stack a consensus panel and that "stacked" panels are a bad thing. The problem comes when, having lost the scientific debate fair and square, you decide to portray a panel that ended up supporting current scientific consensus as hopelessly in the pocket of either big pharma or ideology, even as you stack your author list with people who are far less intellectually diverse with respect to the relevant scientific questions than the panel that you're criticizing as "stacked." It's definitely a step down the road towards conspiracy mongering, if not outright conspiracy mongering.

Moreover, you'll excuse me if I suspect that there is another purpose to this paper, given what I found on social media:

> When many global evidence experts approached @Nature with concerns over evidence use & undeclared advocate stacking, the comment was rejected without peer-review, thus not alerting the scientific community on a topic of major importance -but JCE now publishing. @Magda_Skipper
>
> — Kasper Planeta Kepp (@KasperKepp) June 18, 2024

This sounds to me as though some or all of the authors complained to the editors of *Nature*—note how Keep tagged the editor-in-chief in his post, a not at all subtle move—about the supposed perceived "undisclosed COIs" of the members of the Delphi consensus panel and are using the paper to pressure them. ("Nice journal ya got there. Be a shame if someone attacked it.") This led me to think: You know what? What's good for the goose is good for the gander! Fair's fair. Let's do the same thing to Kepp, Ioannidis, et al and write to the editors of the *Journal of Clinical Epidemiology*, Andrea C. Tricco, PhD, MSc and David I. Tovey, FRCGP (contact information page here), and request that they require some...changes...to Ioannidis' manuscript before it is finalized, specifically, a listing of every advocacy group related to COVID-19 that every author has ever been associated with and any political advocacy related to COVID-19 in which they've engaged. As I said, if that's what they seem to want from *The BMJ*, fair's fair. Surely neither Kepp, Ioannidis, Levitt, etc. could object to this, given that it's what they've demanded of the panel members who put together the Delphi consensus statement!

Finally, there are lots of criticisms to be made of the Delphi method to develop consensus statements, but Ioannidis doesn't make any of them, at least not about the actual methodology. Rather, he focuses solely on the who, not the how, with an ad hominem attack seeking to portray the members of this Delphi consensus panel as hopelessly biased, based on their advocacy of decidedly nonradical positions not outside the mainstream, which he goes to desperate lengths to portray as wildly outside the mainstream even as he tries to insinuate that GBD-like positions belong in the mainstream. (They don't, at least not anymore—if they ever did.) The paper is not

as bad as Ioannidis' "science Kardashians," but it's plenty bad and likely not the end of what I'm likely going to have to write about in the future, either here or elsewhere. The fall of Ioannidis continues apace.

Author

- David Gorski

  Dr. Gorski's full information can be found here, along with information for patients. **David H. Gorski, MD, PhD, FACS** is a surgical oncologist at the Barbara Ann Karmanos Cancer Institute specializing in breast cancer surgery, where he also serves as the American College of Surgeons Committee on Cancer Liaison Physician as well as an Associate Professor of Surgery and member of the faculty of the Graduate Program in Cancer Biology at Wayne State University. If you are a potential patient and found this page through a Google search, please check out Dr. Gorski's biographical information, disclaimers regarding his writings, and notice to patients here.

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